



## Youth Camps Hot Topics 2017

Department of Health and Mental Hygiene  
Environmental Health Bureau

Center for Healthy Homes and Community Services  
6 Saint Paul St, Suite 1301  
Baltimore, MD 21202-1608

Phone 410-767-8417 Fax 410-333-8926

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Allegany + Anne Arundel + Calvert  
Carroll + Charles + Frederick  
Garrett + Howard + Montgomery  
Prince George's + St. Mary's  
Washington

Baltimore City + Baltimore + Caroline  
Cecil + Dorchester + Harford + Kent  
Queen Anne's + Somerset + Talbot  
Wicomico + Worcester

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## Mission Statement

### MISSION

- The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

### VISION

- The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

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## Child Protective Services Background Clearance Process Update

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## Medication Administration

Permission

COMAR 10.16.07.14

- Medication Administration Authorization Form (MAA)
  - Required for any medication (Rx or OTC) brought to camp by camper/parent.
- Standing Orders
  - Needed for any medication (Rx or OTC) provided by the camp
  - Need written permission to administer from parent
  - No camper self-administration, staff must administer and staff must have certification (BON or DHMH)

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## Medication Administration

Administration

COMAR 10.16.07.14

- Camper Self-Administration
  - MAA form must have parent and doctor's signature in Self-Administration section
  - Includes insulin
  - Staff supervision, no certification or course only training by health supervisor
- Staff Administration
  - Certification
    - Nurse, RN, or CMT (cert./lic. Issued by BON), includes insulin
    - DHMH – YCMACH, Annually, does not include insulin
    - Record of training – see YCMACH

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## Medication Administration

### Storage and Handling

COMAR 10.16.07.14

- Medication (Rx or OTC)
  - Locked storage
  - Rx
    - Prescription label
  - OTC
    - Original container with directions for use
- Give from original container
- Follow directions / MAA / Standing Order
- Side effects and toxic effects
- Secure medications

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## Medication Administration

### Storage and Handling

COMAR 10.16.07.14

- Medication (Rx or OTC)
  - Storage according to direction (i.e. refrigeration)
  - Medication Administration Form (MA)
    - Document staff administration
    - Document self-administration
  - Medication Final Disposition Form (MFD)
    - Within 2 weeks of end of session or when done with medication
    - Either:
      - Return to parent, guardian or designated individual (can include camper)
      - Destroy medication

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## Medication Administration

### Emergency Medication

COMAR 10.16.07.14

- MAA form – marked on form as “Emergency Medication”
- Location
  - Self carry if marked on form
  - By supervising staff member, or
  - At designated easily accessible location
- Administration
  - Self-Administer if marked on form
  - Staff administer (cert. or licensed)
  - Adult trained by health supervisor

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## Medication Administration

### Emergency Medication

COMAR 10.16.07.14

- Staff Training
  - Must be trained by RN, MD, or CNP
- See also Emergency Epinephrine for having and using general auto-injectable epinephrine

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## Medication Administration

### Primitive Camp

COMAR 10.16.07.14

- Keep medication inaccessible to campers
- Camper may self carry and emergency medication if marked on MAA

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## Medication Administration

### Staff Medications at Camp

COMAR 10.16.07.14

- Place to secure
- Kept secure at all times
- Self-Administration
  - No forms required
- Staff Administration
  - Need MAA
    - Adult staff may sign in place of parent
    - Doctor must sign form
  - Need MA
  - Need MFD

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## Health Program

### (Optional) Emergency Epinephrine

COMAR 10.16.07.15

•An emergency epinephrine educational training program shall include:

- 1) The signs and symptoms of anaphylaxis
- 2) Use of an emergency auto-injectable epinephrine pen
- 3) Follow-up procedures with a parent or guardian after an emergency auto-injectable epinephrine is administered
- 4) A skills demonstration
- 5) A written examination

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## Health Program

### (Optional) Emergency Epinephrine

COMAR 10.16.07.15

•An individual teaching an emergency epinephrine educational training program shall be licensed as a physician, a registered nurse, or a certified nurse practitioner.

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## Health Program

### (Optional) Emergency Epinephrine

COMAR 10.16.07.15

•Applicant = Someone that:

- 1) Operates a youth camp
- 2) Is at least 18 years old
- 3) Has successfully completed an emergency epinephrine training program approved by the department.

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## Health Program

### (Optional) Emergency Epinephrine

COMAR 10.16.07.15

•The applicant may apply to the Department for a Certificate for Emergency Epinephrine by submitting a written policy that includes:

- 1) Designation of agents
- 2) The name of the approved emergency epinephrine educational training program
- 3) Procedures to:
  - a) Store the epi pen
  - b) Notify parents it is available
  - c) Maintain epi pen in secure manner
  - d) Report use of epi pen according to .06
  - e) Train certificate holder and agent annually
  - f) Keep training docs. for 3 years

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## Health Program

### (Optional) Emergency Epinephrine

COMAR 10.16.07.15

•A certificate for emergency epinephrine holder may:

- 1) On presentment of a certificate for emergency epinephrine, receive from any physician licensed to practice medicine in the State a prescription for auto-injectable epinephrine; and
- 2) Possess and store prescribed auto-injectable epinephrine

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## Health Program

### (Optional) Emergency Epinephrine

COMAR 10.16.07.15

•In an emergency, a certificate for emergency epinephrine holder or agent may administer auto-injectable epinephrine to an individual who is experiencing or believed in good faith by the certificate holder or agent to be experiencing anaphylaxis.

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## Transportation

- Every child under 8 years old must ride in an appropriate child restraint unless the child is 4' 9" or taller.
- Every child from 8 to 16 years old who is not in a child restraint must be secured in a vehicle seat belt.

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## Transportation

- Children under 13 years old should ride in the back seat.
- For questions please call or email:
  - Maryland KISS Program at
    - 1-800-370-SEAT or 410-767-6016
    - dhmh.kiss@maryland.org

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## Unlicensed Camps

- Contact DHMH-Center for Healthy Homes and Community Services

410-767-8417

Euther.Steele@Maryland.gov

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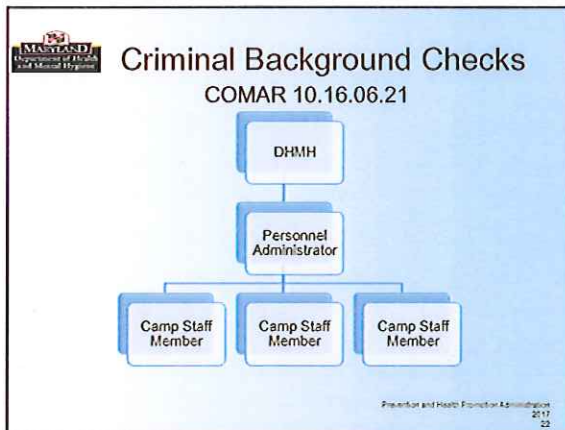
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**MA**  
Maryland  
Department of Health  
and Mental Hygiene

## CJIS Requirements

- Develop and Maintain Standard Operating Procedures for Handling CHRI
- Maintain a dissemination log
- Collect Live-Scan Pre-Registration Forms
- Collect Signed Privacy Rights Document
- Have each employee complete CHRI Security Awareness Training every 2 years
- Maintain log of CHRI Security Awareness Training

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**MA**  
Maryland  
Department of Health  
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## CJIS Requirements Personnel Administrator

- DHMH will be collecting a Live-Scan Pre-Registration Form for each Personnel Administrator
- DHMH will be collecting a signed Privacy Rights Document for each Personnel Administrator
- Please email these two completed documents to CHHCS at:  
  
dhmh.chhcs@maryland.gov

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## Fee Chart

Maryland Department of Health and Mental Hygiene  
Center for Healthy Homes and Community Services  
Youth Camp Application Fee Chart  
Effective January 1, 2017

Day Camps		
Camper Days	Regular Fee	"Good Standing" Fee
1 to 500	\$190	\$45
501 to 2,000	\$500	\$125
2,001 to 5,000	\$665	\$165
5,001 or more	\$855	\$215

Residential, Day & Residential, Trip, or Travel Camps		
Camper Days	Regular Fee	"Good Standing" Fee
1 to 700	\$500	\$125
701 to 5,000	\$1,000	\$250
5,001 to 16,000	\$1,500	\$375
16,001 or more	\$2,000	\$500

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## Achieving Good Standing

- Application submitted on time
- Annual Report submitted on time
- All fees paid
- No Critical Violations for 2 years
- Self-Assessment submitted on time

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## Benefits of Good Standing

- Camp pays reduced fee
- Camp is inspected once every 4 years instead of annually

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## Submitting Required Reports

- Camps will be able to submit Annual Report online.

<https://envhlthlicensing.dhmdh.maryland.gov/Account/Login>

- DHMH is working on finalizing the Incident Report for online submission as well.

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## Water Safety Rescuer Memo

**MEMORANDUM FOR THE RECORD**

**DATE:** April 17, 2017

**TO:** Maryland Youth Camp Operators, State for Healthy Homes and Community Services, B&E and Division Support

**FROM:** Joseph R. McKenna, II, LMD, RDH, MPH, Chief, State for Healthy Homes and Community Services

**RE:** CCRHHS - Child Care Safety Program

Enclosed for the Department's review of the following regarding water safety program for both the Child Care Rescuer and the State for Healthy Homes and Community Services. The enclosed report, prepared and reviewed by the Department of Health and Mental Hygiene, contains information regarding the current status of the program, as well as recommendations for improvement. The report also includes a list of the current status of the program, as well as recommendations for improvement. The report also includes a list of the current status of the program, as well as recommendations for improvement.

The following items are included in the report:

1. Child Care Rescuer - Child Care Safety Program
2. State for Healthy Homes and Community Services - Child Care Safety Program
3. State for Healthy Homes and Community Services - Child Care Safety Program

Camps who are interested in the program should contact the Department of Health and Mental Hygiene for more information. The Department will be happy to provide assistance and support to camps who are interested in the program.

The following items are included in the report:

1. A list of the current status of the program, as well as recommendations for improvement.
2. A list of the current status of the program, as well as recommendations for improvement.
3. A list of the current status of the program, as well as recommendations for improvement.

The following items are included in the report:

1. A list of the current status of the program, as well as recommendations for improvement.
2. A list of the current status of the program, as well as recommendations for improvement.
3. A list of the current status of the program, as well as recommendations for improvement.

The following items are included in the report:

1. A list of the current status of the program, as well as recommendations for improvement.
2. A list of the current status of the program, as well as recommendations for improvement.
3. A list of the current status of the program, as well as recommendations for improvement.

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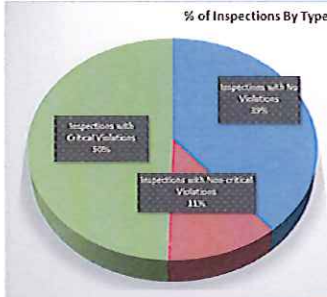
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## Inspection Highlights 2016

**% of Inspections By Type**



Inspection Type	Percentage
Inspections with No Violations	39%
Inspections with Non-critical Violations	31%
Inspections with Critical Violations	30%

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**Inspection Highlights 2016**

Description	Violation
CPS Background Clearance	6-21-3
FBI Background Check	6-21-2
MD Background Check	6-21-1
Fire Marshal Inspection	6-46-2
Certificate or Letter of Compliance	6-7-1
No Health Approval within 12 months	7-3-4
Majority of Child Abuse Prevention and Reporting	6-35-1
Health Program Signature	7-3-3
Camper Health Record Information	7-8-13

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**Youth Camp Inspection Process**

- Inspectors will not be routinely reviewing plans and procedures on-site
- Plans and procedures will be submitted to the Regional EHS on a rolling 4-year cycle
- Letters will be mailed to camps requesting submission of plans and procedures
- Priority will be given to camps with:
  - 1) Critical violations
  - 2) Violations
  - 3) Camps not in good standing
  - 4) Camps in good standing

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## Self-Regulated Inspection Process

- Inspection process same as Youth Camp Inspection Process with the following added:
- DHMH only inspects 5% of the physical locations for each Business/Owner
- Business/Owner should be verifying that the remaining 95% are complying with COMAR

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## Self-Regulated Renewal Cover Letter



DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 DIVISION OF PUBLIC HEALTH  
 1000 EIGHTH STREET, N.W.  
 SUITE 200  
 WASHINGTON, D.C. 20004-2000

TO: [Business Name]  
 FROM: [DHMH Representative]  
 SUBJECT: [Subject Line]

Dear [Business Name],

This letter is to inform you that your business has been selected for a self-regulated renewal inspection. This process allows businesses to conduct their own inspections and report the results to DHMH.

Please refer to the attached Self-Regulated Renewal Inspection Checklist for more information.

If you have any questions, please contact the DHMH representative listed on the checklist.

Sincerely,  
 [Signature]

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## Business Contact Information



This form is to be completed by the business owner or manager. It provides information about the business and its contact details.

Please print clearly.

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

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## Physical Location List



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## Additional Physical Location



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## Questions



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